PEDIATRIC RESPIRATORY DISTRESS

1. Recognize respiratory distress. Consider foreign body obstruction. Some of the following many be present:
   a. Stridor.
   b. Wheezing.
   c. "Barking" Cough.
   d. Nasal flaring.
   e. Retractions.
   f. Use of accessory muscles.
   g. Silent chest (i.e.; asthmatic patient without air movement or wheezing).
   h. Altered level of consciousness.
   i. Tachycardia or bradycardia (may indicate hypoxemia).
   j. Anxiety (may indicate hypoxemia).

2. Keep child calm! Agitating a child with epiglottitis or any partial airway obstruction may completely obstruct their airway.
   a. Keep patient in their most comfortable position (this may be sitting up).
   b. Patient may be calmer when sitting with parents.

c. Avoid invasive procedures such as taking blood pressures, temperatures, or starting IV's. Insert nothing in mouth unless airway becomes obstructed.

3. Oxygenate.
   a. Give **100% O_2** directed at the face (may be better tolerated if parent holds).
   b. If available, use a pulse oximeter to monitor oxygenation of patient.
   c. Prepare for emergency airway support and intubation should respiratory failure occur.
   d. If the patient condition deteriorates, follow advanced life support guidelines.

4. Evaluate breath sounds. If wheezing administer **Albuterol** aerosol 2.5mg (0.5cc) in 3cc saline via nebulizer (< 1 year: 1.5mg {0.3cc} in 3cc saline).

5. Continually reassess ABC's and assess for foreign body history, reassess breath sounds.

6. Medical Options:
   a. **Albuterol** nebulization 2.5mg in 3ml of NS
   b. Subcutaneous or Intramuscular **Epinephrine** 1:1000, 0.01 mg/kg (0.01cc/kg). Not to be used in patients less than 3 mo.)
   c. Priority 1 to closest hospital.

7. **Contact Medical Control**
   a. Assist ventilation or intubation as needed. Needle cricothyrotomy may help if complete obstruction and unable to ventilate or intubate. Cricothyrotomy is difficult in children but is an option.